

DECLARATION AND POWER OF ATTORNEY

AUG 17 2008

I, a law named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF DEVELOPING, TESTING AND USING ASSOCIATES OF MACROMOLECULES AND COMPLEX AGGREGATES FOR IMPROVED PAYLOAD AND CONTROLLABLE DEWATERATION RATES the specification of which (check one)

☒ is contained herein
 was filed on _____ as Application Serial No. _____
 and was invented on _____ (if applicable).
 I hereby authorize and request our attorney, Davidson, Davidson & Kappel, L.L.C. of 1140 Avenue of the Americas, New York, New York 10036 to assist here in patenting (Application number _____ and _____) the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments referred to above.

I acknowledge the duty to disclose all information which is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim design priority benefits under Title 35, United States Code, §119 of any foreign and/or provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign and/or provisional application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR APPLICATION(S)

Priority claimed

<u>PCY/EP 3206750</u>	<u>Germany</u>	<u>October 23, 1998</u>	<u>X</u>	<u> </u>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §122, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial Number)

(Filing Date)

(Status) (issued, pending, abandoned)

(Application Serial Number)

(Filing Date)

(Status) (issued, pending, abandoned)

And I hereby appoint: Clifford M. Davidson, Registration No. 32,725; Lutz B. Davidson, Registration No. 28,244; Cary S. Kappel, Registration No. 24,561; William C. Gritz, Registration No. 35,199; Mary B. Wilton, Registration No. 36,809; Robert J. Paradise, Registration No. 41,240; and Scott L. Appelbaum, Registration No. 41,287, my attorneys, with full power of substitution and revocation, to prosecute this application and to transmit all business to the Patent and Trademark Office concerned respecting correspondence address DAVIDSON, DAVIDSON & KAPPEL, L.L.C., 1140 Avenue of the Americas, 15th Floor, New York, New York 10036; Telephone: (212) 697-1028; Fax: (212) 697-1037.

I hereby declare that all statements made herein are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like as made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Cary S. KappelInventor's signature Cary S. KappelDate Aug 17, 2008Residence (city) Frankfurt am Main, Germany(state or country) GermanyCitizenship German

Post Office Address: _____

Full name of joint inventor, if any _____

Second inventor's signature _____

Date _____

Residence (city) _____

(state or country) _____

Citizenship _____

Post Office Address: _____